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Effect		Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Annlication No.	Application Number 10/823		,355	
FEE TRANSMITTAL			Filing Date		April 12, 2004		
For FY 2008			First Named I	nventor	Robert Martinson et al.		
	Examiner Nan	Examiner Name Mich		ichael A. Band			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 1753		3	
TOTAL AMOUNT OF PAYMENT (\$) 0			Attorney Dock	Attorney Docket No. NOVE1			
METHOD OF PAYMENT (check all that apply)							
INIETHOD OF PATIMENT (Check all that apply)							
Check Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: <u>04-0566</u> Deposit Account Name: <u>DeLio & Peterson, LLC</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038. FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
		Small Entity	Small Entity		Small Entity		
Application Type	Fee (\$)		e (\$) Fee (\$)	Fee		Fees Paid (\$)	
Utility	310	155 51		210) 105		
Design	210	105	00 50	130) 65		
Plant	210	105 31	.0 155	160	80		
Reissue	310	155 51	0 255	620	310		
Provisional	210	105	0 0	(0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Fee Description Each claim over 20 (including Reissues)						<u>Fee (\$)</u> 25	
Each independent claim over 3 (including Reissues)					50 210	105	
Multiple dependent claims					370	185	
Total Claims	Extra Clai	ms Fee (\$)	Fee Paid (\$)		<u>Multiple Dep</u>	endent Claims	
- 20 or HP =		x=_			Fee (\$)	Fee Paid (\$)	
HP = highest number of total Indep. Claims	claims paid f Extra Clai		Fee Paid (\$)				
- 3 or HP =		x =					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
SUBMITTED BY							
Signature Registration N (Attorney/Agent					Telephone	203-787-0595	
Name (Print/Type) Peter W. P			Date 2008	-04-09			

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